

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)**

SERIAL NO.

FILING DATE

10/596/59
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1/2					53						
4		1/2					54						
5		1/2					55						
6	1						56						
7		1					57						
8		1/2					58						
9	1						59						
10		1/2					60						
11		1/2					61						
12							62						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	8	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	11						TOTAL CLAIMS						

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